

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD  
2009 SEP 15 AM 11:22

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Preserve Local Healthcare

**IMPORTANT:** Indicate by # type of committee you are reporting for: 11

( 1 ) Statewide/Legislative/Judge Standing for Retention Candidate ( 2 ) State PAC ( 3 ) State Party  
( 4 ) County Central Committee ( 5 ) County Candidate ( 6 ) City Candidate ( 7 ) School Board or Other Political  
Subdivision Candidate ( 8 ) County PAC ( 9 ) City PAC ( 10 ) School Board or Other Political Subdivision PAC ( 11 ) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

FORM

**DR-2**

(Rev. 07/2007)

DISCLOSURE  
REPORT

**For Office Use Only**

Comm. #

Logged In

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

*[Signature]*

563-263-1485

9-15-09

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A Final REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☒ Check If this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

May 5, 2009

County & Local Committees, enter County in  
which Election is held  
Muscatine

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 1,243.78

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

2,158.28

Schedule F: Loans Received total (Attach Schedule F)

-0-

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

-0-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 3,402.06

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

3,402.06

Schedule F: Loan Repayments total (Attach Schedule F)

-0-

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ -0-

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

-0-

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

-0-

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

-0-

CONSULTANT BREAKDOWN (Schedule G Attached?)

X YES NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

<b>SCHEDULE</b> <b>A</b> (Rev. 07/03)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Preserve Local Healthcare

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
08/28/09	ID# CK#	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761		\$ 2,158.28	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 2,158.28	
TOTAL (If last page of this schedule)				\$ 2,158.28	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

**STATE PAC COMMITTEES:** NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

<b>SCHEDULE</b> <b>B</b> (Rev. 07/03)	<b>MONETARY</b> <b>EXPENDITURES</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to Preserve Local Healthcare

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
08/31/09	ID# CK# 1042	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse costs of food and beverages for campaign staff on election day	\$ 635.84
08/31/09	ID# CK# 1043	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time to organize campaign meeting	69.77
08/31/09	ID# CK# 1044	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time for radio show attendance	46.51
08/31/09	ID# CK# 1045	Greater Muscatine Chamber of Commerce & Industry 102 Walnut Muscatine, IA 52761	Campaign consulting and management	2,532.25
08/31/09	ID# CK# 1046	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse employee time to organize campaign meeting	44.20
08/31/09	ID# CK# 1047	Unity HealthCare 1518 Mulberry Avenue Muscatine, IA 52761	Reimburse expense for table at Senior Expo	73.49
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 3,402.06
TOTAL (if last page of this schedule)				\$ 3,402.06

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

**RESET**

### Committee to Preserve Local Healthcare

**G**

(Rev. 02/08)

**BREAKDOWN  
OF MONETARY  
EXPENDITURES  
BY CONSULTANT**

☐ CHECK THIS BOX IF  
AMENDING FORM

**PART I - NAME AND ADDRESS OF CONSULTANT**

Greater Muscatine Chamber of Commerce & Industry

102 Walnut Street

**Zip Code**

1A

52761

**CONTRACT PERIOD (MM/DD/YR)**

**TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE**

To May 5, 2009

2,532.25

## ESTIMATES OF PERFORMANCE

Consulting, advertising, managing, and organizing campaign

## DATE \_\_\_\_\_

**EXPENDED**  
**(MM/DD/YR)**

**NAME AND ADDRESS TO WHOM EXPENDITURE  
(Disbursement) WAS MADE**

## PURPOSE

**AMOUNT  
EXPENDED**

3

**SUB-TOTAL**

\$

**TOTAL (If last page of this schedule)**

\$